

F	0 7 12
spection Date	8-5-01
Time Start	930
Time Finish	

HAZARDOUS WASTE INS	SPECTION REPORT
GENERATOR	☐ S Q GENERATOR

Company name	Rescar INC	I.D. Number <u>PADO 866 813</u> 92
	450 Osborn st	
County Cle	Municipality S	Du Bois Bondy Zip 15801
Name of Inspec	tor James D. Greene / Jo	ison Yufer
Name & Title of	Responsible Official Tim Schaffe	r Plant manager
Person Interview	ved Jerry Federico	Telephone ()
_	(if different from above)	
Amount of Haza	rdous Waste Generated per Month: 60	<i>OO</i> Pounds Kgs
1. Site Charac	terization:	
STORAGE:	☑ Container ☐ Tanks ☐ Contain	nment Bldg. Drip Pad Other
PBR:	☐ Neutralization/WWTP ☐ Reclaim	n Other
		☐ Tanks ☐ Containment Bldg. ☐ Drip Pad
	/aste: Large Quantity Handler	
Universa	al Waste Types Florescent lang	<i>y</i> s
	Waste Transporters:	0.4.4.
		mental License Number <u>PA-A+10641</u>
		ormental License Number PA-AH 0671
	rter Name	
4. Types of ha	zardous waste generated and destinati	ion facility (location & type).
Waste	Code Waste Descript	tion Destination Facility
0001 003		American For commental
D002	Suffiriz Acid	1.5,35,7,500
D035 F003		s ·
0002	waste ferrous chloride	
0002,00		
Dool, Dog	7 waste toxic lauid s	Solum Bichmate
D002	Moste Ammonium those	olfate
0002	waste corrosive Liquid.	Sodern hydroxide

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

S	Site	Na	ame	D Number	D:	ate O' D' O	
				1 - No Violation Observed 2 - Not Applicable 3 - Not De	termined 4 -	Non Compliance	
S	TA	ΙTL	zt			:	
1	_2	. 3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
\ \	1			Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
L	F		T	Identification Number	262a.10	262.12	H002
V	1	Τ	T	Authorized transporters only	262a.10	262.12(c)	H003
1	1		T	Subsequent notification requirements met	262a.12(b)		H004
	Γ	V	1.	Proper manifest used	262a.10	262.21	HÖ05
		~	1	Manifests filled out correctly and completely	262a.20		H006
		~		Manifests signed and routed properly	262a.23(a)	262.23	H007
			X	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
	سوا			SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
	V	-		SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
÷.	1	7		Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
			X	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
W		/		Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
V				Specified records retained for three years	262a.10	262.40(c)	H014
	-	~		Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
V				Exception reporting procedures followed	262a.42	262.42	H016
~				Spill reporting procedures followed	262a.10	262.34(d)	H017
		/		PPC plan developed and implemented	262a.10	262.34(a)	H018
H	V			Special requirements followed for international shipments	262a.10	262.50 262.60	H019
		V		Source reduction strategy prepared and available (LQG only)	262a.100	•	H020
				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
						,	
					·	· .	
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HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

site Nam	e Rescar ID Number		Date 2-3-1	
	1 - No Violation Observed 2 - Not Applicable 3 - Not Deter	rmined 4	- Non Compliance	
TATUS 2 3	REQUIREMENT	PA CIT. 25 PA Cod	FED CIT. e 40 CFR	LINE No.
TIT	CONTAINERS (Subchapter I)	·		
	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
711	Containers of hazardous waste in good condition	265a.1	265.171	H026
111	Containers and stored waste compatible	265a.1	265.172	H027
711	Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
11/	Containers managed to prevent leaks	265a.1	265.173(b)	H029
	Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	H030
1	Container storage areas inspected at least weekly	265a.1	265.174	H031
	Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X	Proper containment and collection systems in place	265a.179		H033
	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
	Containers labeled accurately identify contents	SWMA		H037
		6018.403(b) (2)	265-19-5	
	Secondary Containment	265a.17	1 265.143	403

Hazardous Waste Inspectic Report . Land Disposal Restriction Supplemental Checklist

			1.1	o Violation Ooserved	2-Not Applicable	3-Not Determined	4-Non-Co	ompliance
-	Stati				REQUIRE	MENT	1	Citation 40 CF
1	2	3	4					Part 26
				Generators .				
V				Notification sent with ships	ments of wastes that d	o not meet treatment standard	s.	7(a)(1
	1			Notification and certification	on sent with shipments	of wastes meeting treatment st	andards.	7(a)(2
	/			Dilution not used as a subs	stitute for treatment.	· .		3
1				Records maintained of no supporting use of knowled	otifications, certification ge for waste classificat	ons, waste analysis, and docu ion.	mentation	7(a)(5), (a
		İ		Storage Facilities				
1				Facility verifies generators (classification of waste	in accordence with waste analy	sis plan.	25 Pa Co 265.13(
1				Containers marked to iden	tify contents and accu	mulation date.		50(a)(2
	İ			Notification sent with shipm	nents of wastes that do	not meet treatment standards	-	7(a)(1)
1				Notification and certification	n sent with shipments	of wastes meeting treatment sta	andards.	7(a)(2)
		1		Facility maintains records of	documents produced	pursuant to LDR requirements	s.	7(a)(6)
				Treatment Facilities, inc	luding PBR and RF	R Facilities		
				Dilution not used as a subst	itute for treatment.			3
				acility tests wastes or tre reatmentstandards in acco		determine compliance with a alysis plan.	pplicable	7(b)
				Dertification and/or notificat	ion sent with shipmen	is of waste.		7(b)(4),(b) (b)(6)
			1	and Disposal Facilities	•			
	1	T	1	acility tests wastes receive	d to assure complianc	e with applicable treatment sta	andards.	7(c)(2)
	İ		F	acility land disposes of rest	ncted waste only if it m	eets applicable treatment stan	dard.	40
	Ť	+		acility retains copies of gene	erator notifications an	1 cardications	1	7(c)(1)

INSPECTION REPORT COMMENTS

	Date of Inspection	8-3-	Identification Number	PAD086681392
	Company/Facility/S	ite Name <u>Revo</u>		
	d was a	accompanied on	this was	ection by Jason
	Tupe our	clions and re		
	ona love	ers ,		
	While Cameral	on a waste is	the rai	broad yard we
		hazardous wa		
	waste a	of sulfurie as	id hayava	generated 8-1-0"
.	1 dum	of methanol acc	umulation	026-6-07 and
L/Q3	3 There w	t ethyl alchol as no seconda	ry contain	ment around
		m storage are		
	^ /	on the other a		
	•	ondary contains		
		the inspection		
HMA		ed to the app		
		the inspection of		
	Idrumo'	found 4 drums containing dibe	tylonine	dated 4-18-07
	2 drums	containing Syna	raelwlac	cumulation dated
		ind 4-10-87	0	
	The abo	rel inspection	only conte	red around
_	Container	storage and i	training.	
H012	I The tran	nino recordo in	disated the	it the 2 employer
	This inspection report is notice inspection. Additional notification of records.	ce of the findings of an inspection conducted by a represental fivolations may be issued concerning either violations noted	tive of the Department. This report is for herein, or other violations identified as a	ormal notification of any violations observed during the result of review of laboratory analyses or Department
	This report does not constitu- violation noted herein.	te an order or other appealable action of the Department. Nerviewed does not necessarily imply concurrence with the findi		
	Person Interviewed	Jan Sede	ai.	Date 8/3/02.
	Inspector	James D Gue	<u> </u>	Date 8-3-07
		(Signature)		

INSPECTION REPORT COMMENTS

Date of Inspection 8-3-7 Identification Number PAD 086681392
that were non the alligably QD 6. non-approved
storage area: Adam Nixon and Craig Romanic
last had HAZ Waste Mant training on 12-23-05, Enidan
note: While we were at the long waste approved
storage area craig Romanic was transporting the
drums from the non-approved storage and
to the approved storage area and one of the
drums casen 906 carrying sulfuric acid
fell off the pallet onto the ground. mr.
Romanic was using a fork lift . The druns
contents did not exit the frum.
I spake to adom to nipon about securing the
druns being transported by the fork lift and he
said that they had been trained on told to strap
the dums to the fuh lift.
We did not inspect or seriew any other
soper the world DE work other than week!
inspections and training seconds. The person
That takes care of all the paper work was
met on - ito.
* all those areas marked "Not Determined" Warnot reviewed.
In addition the last shipment of waste by
Emerald was the 28th of July
This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is

either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signa	ture Dens Eggeri	Date 8/3/07	
Inspector (signature)	James & Breeze	Date 2-3-7	606

RCRAInfo CM&E Evaluation-Violation Form, Page 2 **EPA ID Number Handler Name** PAD086681392 Rescar エバく VIOLATIONS SECTION (Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form) X Add Link to Above Evaluation VIOLATION ☐ Update □ Delete Actual RTC Date **Determined Date** Return to Compliance (RTC) Violation Type Code Agency Seq. No Qualifier (mm/dd/yyyy) (mm/dd/yyyy) A RTC Qualifier is required if 262.0 08/03/0 entering an Actual RTC Date. Notes: YES 🛪 If Yes, fill in information below LINK CITATIONS TO ABOVE VIOLATION? NO Citation Citation Citation Citation Type Type 262.34 (0) 262,34(0)(4) Link to Above Evaluation 🗵 VIOLATION Add
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 Update ☐ Delete **Determined Date** Return to Compliance (RTC) **Actual RTC Date** Violation Seq. No Type Gode Agency Qualifier (mm/dd/yyyy) (mm/dd/yyyy) A RTC Qualifier is required if entering an Actual RTC Date. Notes: LINK CITATIONS TO ABOVE VIOLATION? YES X If Yes, fill in information below NO Citation Citation Citation Citation Type Type S 265a.179 HANDLER SECTION (Fill out if RCRA Non-Notifier) Contact **Handler Name** Street City State Zip Code County UNIVERSE CHANGE SECTION (Fill out if Universe Change Required) Indicate the Facility's current Universe(s): Indicate the new RCRAInfo Generator Universe: LQG SQG CEG Note: All TSD activity changes must be handled by the IOR and Closed Non-Handler cannot be made using this form. Non-Transporter Transporter |

If the transporter box is checked, you must check at

Other

☐ Water

least one mode of transportation below:

Air

Rail

Highway

Check non-transporter if the facility is

currently listed in RCRAInfo as a

transporter AND no longer transports

hazardous waste.

transporter status change)

iii. Indicate the new transporter status:

(Only fill out if the facility requires a

^{*}Required Fields

March 2006

RCRAInfo CM&E EVALUATION – VIOLATION FORM

*EPA ID Number	PADO866	681392	EIN	<u> </u>	
Handler Name	Rescar IN				
Street 45		5t.			
City Du Boi	S	State /A	Zip Code	15856	
Actual Generator Status Check only if different from No.	otified Status.	G 💆 SQG 🗆 CE	SQG Close	ed 🗌 Non-Handler 🗌	
	Universe Change Required? (Generator Status Change Required) YES NO If YES, complete the Universe Change Section (on reverse side of this form).				
RCRA Non-Notifier? YES NO If YES, complete the Handler Section (on reverse side of this form).					
Other Facility Information Changes? YES NO X If YES, complete the Handler Section (on reverse side of this form).					
*EVALUATION	*EVALUATION Add Update Delete You must provide an Evaluation Identifier (also known as the Sequence Number).				
*Evaluation *Type	*Evaluation Start (mm/dd/yyyy)	Agency	Responsible Person	Suborganization	
CEI	38/03/2		JDG	Wm/NC	
You need to specify Day Zero for SNY, and SNN, otherwise it defaces CSE, FUI, and SNY evaluations, for the Day Zero. SNN evaluations	or all evaluation types except aults to Evaluation Start Date , you must select a previous	e. For CDI, c CEI Start Date	Reclassified S Only applicable to evaluation type as appropriate.	or SNY	
Notes:					
☐ Citizen Comp		Indicator Field (Check all that ia Inspection		ot Subtitle C	
	Focused Coverage	Areas (Use Only for Evaluat Regulation-Specific FCI	tion Type FCI)		
BIF ☐ CC	CI CFI	INC LDR PTB	☐ PTX ☐		
THI 🗌 UI		JWR OTHER (specif	y):	_	
ł	F	Routine/Standardized FCI			
CAR CT CR	C [] DOC [] E	IMP [] IEI [] IEI			
CAR CP	C DOS E	EMR IEI ISI	RTI 🗆		
CAR CP			If Yes, fill in the Vo	iolations Section(s) on page 2	
	/Update/Delete a Viola		If Yes, fill in the Voor this form. If Yes, please use	iolations Section(s) on page 2 the RCRAinfo 3007 ests and Commitments Form.	
Does this Evaluation Add	/Update/Delete a Viola to a Commitment?	ation? YES 🔀 NO 🗌	If Yes, fill in the Voor this form. If Yes, please use Information Requirements of Yes, please use	the RCRAInfo 3007	
Does this Evaluation Add	/Update/Delete a Viola to a Commitment? to a 3007 Request?	YES NO YES NO YES NO YES NO X	If Yes, fill in the Voor this form. If Yes, please use Information Requirements of the Inform	the RCRAInfo 3007 ests and Commitments Form. the RCRAInfo 3007	
Does this Evaluation Add Does this Evaluation link Does this Evaluation link	/Update/Delete a Viola to a Commitment? to a 3007 Request? ONS COVERED BY AB	YES NO YES NO YES NO YES NO X	If Yes, fill in the Voor this form. If Yes, please use Information Requirements of the No No If Yes	the RCRAInfo 3007 ests and Commitments Form. the RCRAInfo 3007 ests and Commitments Form.	
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^{*}Required Fields